

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/009595

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4		1		1		1
5		2		2		2
6		2		2		2
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15	1		1		1	
16		1		1		1
17		1		1		1
18		1		1		1
19	1		1		1	
20		1		1		1
21		2		2		2
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TOTAL IND.	5		4		5	
TOTAL DEP.	22		23		28	
TOTAL CLAIMS	27		27		33	

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS								